



Voter Registration List Request

AN ELECTOR MAY FILL OUT THIS FORM OR GO ONLINE TO SOS.MT.GOV IN ORDER TO REQUEST A VOTER REGISTRATION LIST.

I, (print full name) _____, hereby request the information below for _____

- ☐ Precinct(s)
☐ Ward
☐ District
☐ County
☐ Statewide
☐ Other – Specify: _____

at a charge not to exceed actual cost. That cost is understood to be:

\$ _____ per Registration List
\$ _____ per Label(s)
\$ _____ per Diskette
\$ _____ per CDs
\$ _____ per Other – Specify: _____

I understand that the item(s) furnished are for noncommercial use, as required by Section 13-2-122, Montana Code Annotated.

Signature of Elector (by signing here the signer agrees the information furnished shall be for noncommercial use.)

Date